

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number 10 682 190		Filing Date		
							Applicant(s)				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments				
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1							51				
2							52				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep.	3						Total Indep.				
Total Depend.	1						Total Depend.				
Total Claims	4						Total Claims				